MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12013

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Brinsfield

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Oct. 4, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sail Vessell
10b. KIND OF BUSINESS OR INDUSTRY: Waterman
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Brinsfield
14. MOTHER'S MAIDEN NAME: Laura Lankford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Susanna R. Brinsfield - Solomons Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Burns - 1 or 2nd Degree Back Chest Arm R — Interval Between Onset And Death: 2 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 15 yr
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 PM 12/11/53 m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? While lighting pipe

22. I hereby certify that I attended the deceased from 2/10, 1951, to 12/13, 1953, that I last saw the deceased alive on 12/12, 1953, and that death occurred at 12/13, from the causes and on the date stated above.

SIGNATURE E. S. Coster (Degree or title) M. D. ADDRESS Solomons, Md. DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 15, 1953
NAME OF CEMETERY OR CREMATORY Solomons M. E. Cem.
LOCATION (City, town, or county) (State) Solomons - Calvert Co., Md.
DATE REC'D BY LOCAL REGISTRAR 12/14/53
REGISTRAR'S SIGNATURE D. E. S. Coster
24. FUNERAL DIRECTOR A. A. Hackness & Son
ADDRESS Mutual, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
DEC 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12014

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons — LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) 1419 Usted Road.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
James	Andrew	Bruce	Dec. 5, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Separated	Feb. 2, 1886	67 yrs.	10	3		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Grant Parish - Louisiana	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George A. Bruce	Sarah Stewart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	433-12-1975	James W. Bruce 1419 Usted Rd, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4201 Immediate cause	(a) Coronary Occlusion	4 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	10 yrs
	DUE TO (c) age. Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/10/53 to 11/12/53, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at Dec. 5, 1953, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
E. S. Coster - M. D.	Solomons - Maryland	12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Dec. 6, 1953	Forest Park Cemetery	Shreveport - Louisiana

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/53	Dr. E. S. Coster	A. A. Parkinson & Son - Mutual, Md.	

VS. A15

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DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12015

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland - rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Claggett

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 20,
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley Kent
14. MOTHER'S MAIDEN NAME: Mary Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Murray Claggett, Sunderland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary embolism — Interval Between Onset And Death: 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was up all day, went to bed and cupred and went out

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Sunderland (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 9:30 PM from the causes and on the date stated above.

SIGNATURE H W Ward (Degree or title) V. M. Z. ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 12-19-53
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Sunderland (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-17-53
REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Fred. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1953
BUREAU V. S.

12016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Republic — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Republic
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Clarence Commodore
4. DATE OF DEATH (Month) (Day) (Year): 12 25 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sgl
8. DATE OF BIRTH: Nov. 8, 1908
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Recent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Major Commodore
14. MOTHER'S MAIDEN NAME: Susie Howe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-14-3584
17. INFORMANT AND ADDRESS: Mrs. Clarence Commodore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X

Immediate cause (a) Shot wound in to heart — 2 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Son shot him thru a door

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) (COUNTY) (STATE): Port Republic Calvert Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 12/25/53 1304 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Shot — Wild shot

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1304 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: H W Ward D.M.E. Owing Md

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 12-27-53
NAME OF CEMETERY OR CREMATORY: Browns
LOCATION (City, town, or county) (State): Port Republic Cal. Md

DATE REC'D BY LOCAL REG.: 12-25-53
REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR ADDRESS: P E Seevell Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12017

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thos (Middle) H. (Last) Emerson

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH:

9. AGE last birthday: 82 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Emerson

14. MOTHER'S MAIDEN NAME: Barbara Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Thomas Emerson Jr. - Sunderland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 19 51, to 12/5, 19 53, that I last saw the deceased alive on 11/20, 19 53, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Weems MD Huntingtown Md 12/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-7-53 | NAME OF CEMETERY OR CREMATORY: Mt Hope | LOCATION (City, town, or county) (State): Sunderland. Md.

DATE REC'D BY LOCAL REG. 12-7-53 | REGISTRAR'S SIGNATURE: N. W. Ward | 24. FUNERAL DIRECTOR: P. E. Sewell - Pr. Fred. | ADDRESS: Md

RECEIVED
DEC 9 1915
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12018

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach. md
STREET ADDRESS (If rural give location) Prince Frederick. Md

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) (Last) Hunter

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Apr 27, 51

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elizah L. Hunter

14. MOTHER'S MAIDEN NAME: Estelle Chase

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

916.0 Immediate cause (a) Pneumonia — 3 days

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Burns — 2 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Home caught afire

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Paris — (COUNTY) Calvert — (STATE) Md

TIME OF INJURY (Month) 12 (Day) 5 (Year) 53 (Hour) 8 P.M. — INJURY OCCURED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR? Home caught afire

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19..., and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Howard W. Ward (Degree or title) ADDRESS DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-7-53 — NAME OF CEMETERY OR CREMATORY Mt Hope — LOCATION (City, town, or county) Sunderland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-7-53 — REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, md

RECEIVED
DEC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12019

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Lambert (Last) Johnson
4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: July 16, 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 4 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert P. Johnson
14. MOTHER'S MAIDEN NAME: Annie Day Lavielle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 217-01-9299
17. INFORMANT & ADDRESS: Annie Day Johnson - Lusby, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590X

Immediate cause (a) Cerebral edema - Respiratory failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute nephritis

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1953, to 12/6, 1953, that I last saw the deceased alive on 12/6, 1953, and that death occurred at 4 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. de Villamont M.D. ADDRESS S. Pt. Road DATE SIGNED 12/7

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 8, 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Lusby Calvert Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12-8-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12020

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Parran
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Jones

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-12-86

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Grayson Chew

14. MOTHER'S MAIDEN NAME: Elizebeth Grass

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ellen Gorman. Parran, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Diabetes Mellitus

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: about 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 0, 1953 to Dec 20, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sarah E. Jones (Degree or title) Owen Mudrick 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-23-53

NAME OF CEMETERY OR CREMATORY: Patuxent

LOCATION (City, town, or county) (State): Calvert, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-23-53

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: P. C. Sewell

ADDRESS: Prince Fred, Md

VS. A15

RECEIVED
JAN 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12021 52

Lower Marlboro

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lower Marlboro X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) Virginia (Last) Plummer

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 4. 1889

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clarence Plummer

14. MOTHER'S MAIDEN NAME: Gertrude Chaney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr Clarence Plummer Sr. Lower Marlboro Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral accident	
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1953, to 12/24, 1953, that I last saw the deceased alive on 12/24, 1953, and that death occurred at 7.30, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Huntingtown 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 27 1953 NAME OF CEMETERY OR CREMATORY Lower Marlboro LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 26. 1953 REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1954
BUREAU V. S.

12022

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E (Last) Ray
4. DATE OF DEATH (Month) 12 (Day) 5 (Year) 1953

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH June 23rd 1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Ray
14. MOTHER'S MAIDEN NAME Amelia Morsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-07-9404
17. INFORMANT AND ADDRESS Lillian Ray Huntingtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

Immediate cause (a) Fracture skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hit by auto

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Paris (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 12 (Day) 5 (Year) 53 (Hour) 1 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Hit by car

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) D.M.E. ADDRESS Orig Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 12-7-53
NAME OF CEMETERY OR CREMATORY Patuxent
LOCATION (City, town, or county) Huntingtown (State) Md

DATE REC'D BY LOCAL REG. 12-7-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P.E. Sewell Prince Frederick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12023

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) W. (Middle) Dorsey (Last) Somervell

4. DATE OF DEATH: (Month) Dec. (Day) 18, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar. 27, 1884

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months 8 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Road Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Engineer

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alexander Somervell

14. MOTHER'S MAIDEN NAME: Ida Dorsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Olive Smithers - Pr. Frederick, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
560.4 Immediate cause	(a) Acute Cardiac Insufficiency	12/18/53 ? 5 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hiatus Hernia	
	DUE TO (c) Rheumatoid Arthritis	4 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to Dec 18, 1953, that I last saw the deceased alive on Dec. 18, 1953, and that death occurred at 6 10 pm, from the causes and on the date stated above.

SIGNATURE Page Dott (Degree or title) ADDRESS Prince Frederick DATE SIGNED 12/18

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 20, 1953 NAME OF CEMETERY OR CREMATORY St. Pauls Cem. LOCATION (City, town, or county) (State) Pr. Frederick - Calvert Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12/19/53 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR C. A. Harkins & Son ADDRESS Mutual, Md.

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12024

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pr Fred
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cal Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) baby (Middle) Girl (Last) Wallace

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 6 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Grant Wallace

14. MOTHER'S MAIDEN NAME: Hilda Rawlings

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Grant Wallace Owings, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 12/14, 1953, that I last saw the deceased alive on 12/11, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Huntingtown 12/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-15-53

NAME OF CEMETERY OR CREMATORY Mt. Hope

LOCATION (City, town, or county) (State) Sunderland, md.

DATE REC'D BY LOCAL REGISTRAR 12-N-53

REGISTRAR'S SIGNATURE H.W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, md.

20V339V303

RECEIVED
DEC 16 1953
BUREAU V. S.